SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

Public Law 99-474, the Counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorizes collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your "System Authorization Access Request (SARR)". Disclosure of records or the information contained therein may be specifically disclosed outside the DoD according to the "Blanket Routine Uses" set for at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.

TYPE OF REQUEST INITIAL	MODIFICATION	DELETION		DATE	19990423	
	PART I (To	be completed by User)				
1. NAME (LAST, First, MI) Doe, Jane M.				2. SOCIA	L SECURITY NUMBER	
3. ORGANIZATION		4. OFFICE SYMBOL/DEPARTMENT		F 1000	111-11-1111	
SA Chambersburg		WEB03		b. ACGUI	5. ACCOUNT CODE N/A	
. JOB TITLEFUNCTION Computer Specialist		7. GRADE/RANK GS-12		8. PHONE	8. PHONE (DSN)	
STATEMENT OF ACCOUNTABILITY			03-12		OSN 000-0000 x000	
I understand my obligation to protect m authorized access.	y password. I assume the respon	asibility for data and syste	m I am gra	nted access to. I w	ill not exceed my	
USER SIGNATURE		Territoria.		DATE		
0 em T					1 1	
four III. T	DART II (To be compl	and by There's Commission		U	1123199	
9. CLEARANCE LEVEL	10. TYPE OF INVESTIGA	eted by User's Security M	anager)	1		
SECRET/TOP SECRET	NAC/NAC			11. DATE	OF INVESTIGATION	
12. VERIFIED BY (Signature)		13. PHONE NUMBER		14. DATE	14. DATE	
SECURITY MANAGER/FSC						
		mpleted by User's Supervi	isor)	A 140		
5. ACCESS REQUIRED (Location) - i.e DMC						
RSA Chambersburg						
	17. TYPE OF USER			SECURITY ADMINIS	TRATOR	
RSA Chambersburg 16. ACCESS TO CLASSIFIED REDUIRED? NO YES 18. JUSTIFICATION FOR ACCESS Ataaps Access	17. TYPE OF USER FUNCTIONAL	SYSTEM	×	SECURITY ADMINIS APPLICATION DEVEL OTHER (Specify)		
ACCESS TO CLASSIFIED REQUIRED? NO YES JUSTIFICATION FOR ACCESS		L SYSTEM	×	APPLICATION DEVE		
8. ACCESS TO CLASSIFIED REDUIRED? NO YES 8. JUSTIFICATION FOR ACCESS Ataaps Access		SYSTEM	X	APPLICATION DEVE		
8. ACCESS TO CLASSIFIED REDUIRED? NO YES 8. JUSTIFICATION FOR ACCESS Ataaps Access	FUNCTIONAL		×	APPLICATION DEVE		
B. ACCESS TO CLASSIFIED REDUIRED? NO YES B. JUSTIFICATION FOR ACCESS Ataaps Access ERIFICATION OF NEED TO KNOW I certify that this user requires access as	FUNCTIONAL			APPLICATION DEVEL OTHER (Specify)	OPER	
18. ACCESS TO CLASSIFIED REDUIRED? NO YES 18. JUSTIFICATION FOR ACCESS Ataaps Access Perification of Need to Know I certify that this user requires access as 9. SIGNATURE OF SUPERVISOR	requested in the performance of	his/her job function. 20. ORG,/DEPT.	21. PH	APPLICATION DEVEL OTHER (Specify) ONE NUMBER	OPER 22. DATE	
ERIFICATION OF NEED TO KNOW 1 certify that this user requires access as 9. SIGNATURE OF SUPERVISOR ACCESS TO CLASSIFIED REDUIRED? YES ACCESS PROPERVISOR ACCESS TO CLASSIFIED REDUIRED? TO SUPERVISOR ACCESS TO CLASSIFIED REDUIRED?	requested in the performance of	his/her job function. 20. ORG, DEPT. Yx Z	21, PP	APPLICATION DEVELOTHER (Specify) ONE NUMBER 0 - 8/14	22. DATE 4/23/99	
ERIFICATION OF NEED TO KNOW 1 certify that this user requires access as 9. SIGNATURE OF SUPERVISOR ACCESS TO CLASSIFIED REDUIRED? YES ERIFICATION OF NEED TO KNOW 1 certify that this user requires access as 9. SIGNATURE OF SUPERVISOR AONES Supervisor	requested in the performance of	his/her job function. 20. ORG,/DEPT.	21, PP	APPLICATION DEVEL OTHER (Specify) ONE NUMBER	OPER 22. DATE	
ERIFICATION OF NEED TO KNOW I certify that this user requires access as 9. SIGNATURE OF SUPERVISOR ACCESS TO CLASSIFIED REDUIRED? YES 0. JUSTIFICATION OF NEED TO KNOW I certify that this user requires access as 9. SIGNATURE OF SUPERVISOR AONES Supervisor	requested in the performance of	his/her job function. 20. ORG, DEPT. Yx Z	21. PH	APPLICATION DEVELOTHER (Specify) ONE NUMBER 0 - 8/14	22. DATE 4/23/99	
16. ACCESS TO CLASSIFIED REQUIRED? NO YES 18. JUSTIFICATION FOR ACCESS Ataaps Access VERIFICATION OF NEED TO KNOW I certify that this user requires access as 9. SIGNATURE OF SUPERVISOR	requested in the performance of	his/her job function. 20. ORG, DEPT. Y Z 24. ORG, DEPT. d by AIS Security Staff add	21. PH 572 25. PH ding user)	OTHER (Specify) ONE NUMBER O-8/14 ONE NUMBER	22. DATE 4/23/99 26. DATE	
ERIFICATION OF NEED TO KNOW I certify that this user requires access as Signature of Supervisor James Supervisor James Supervisor James Supervisor James Supervisor James Supervisor	requested in the performance of OPR PART IV (To be completed)	his/her job function. 20. ORG, DEPT. Y Z 24. ORG, DEPT. d by AIS Security Staff add	21. PH 570 25. PH ding user) 28.	OTHER (Specify) ONE NUMBER O-8/14 ONE NUMBER	22. DATE 4/28/99 26. DATE	